Subsurface Sewage Treatment System Maintenance Permit

Property/Owner Information

Permit #: XXXXXXXXXXXX

Complete in its entirety to constitute a valid maintenance permit. This permit must be completed prior to performing maintenance activities and remain on-site for the duration of the maintenance activity.

Date of Maintenance: 9-3-24 **Property ID #:** x5473r37264

Property Address: 9248 230th St N (Street Address) F, L. (City) (State) (Zip)

Property Owner Name: Scott Anderson

Maintenance Performed

Tanks Pumped:
- ☐ Emergency
- ☐ Home Sale
- ☐ High-level alarm
- ☒ Routine/Maintenance
- ☐ Compliance Inspection
- ☐ Repair
- ☐ Other:

OR

Sludge and Scum Measured: (must be completed if tanks NOT pumped)

Liquid Level of Tank: _____in Sludge Level: _____in

Scum Level: _____in

Sludge+Scum/_____Liquid Level_____x100=_____%Sludge & Scum

Tanks must be Pumped if 25% or greater

Maintenance Information

Access used to remove septage: ☒ Maintenance Hole _____ Other (enter authorization code)

Were all covers securely replaced? ☒Yes ☐No If No, Explain: _____

Is the tank designed as a leaky? Ex. Seepage pit, cesspool drywell leaching pit

Tank #1: ☐Yes ☒No Verification Method Used: _____ Gallons Removed: 1300

Leaking Out: ☐Yes ☒No Leaking In: ☐Yes ☒No Cover Damaged: ☐Yes ☒No

Tank #2: ☐Yes ☐No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐Yes ☐No Leaking In: ☐Yes ☐No Cover Damaged: ☐Yes ☐No

Tank #3: ☐Yes ☐No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐Yes ☐No Leaking In: ☐Yes ☐No Cover Damaged: ☐Yes ☐No

Tank #4: ☐Yes ☐No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐Yes ☐No Leaking In: ☐Yes ☐No Cover Damaged: ☐Yes ☐No

Pump Tank: ☐Yes ☐No Verification Method Used: _____ Gallons Removed: _____

Leaking Out: ☐Yes ☐No Leaking In: ☐Yes ☐No Cover Damaged: ☐Yes ☐No

Waste Disposal Method: ☒ Treatment plant ☐ Land Apply: Location _____

Other remarks or Concerns: _____

Maintainer Information

Maintainer Name: Olson's Sewer Service Inc. Maintainer Signature: _____

Maintainer Address: 17638 Lyons St. NE Forest Lake, MN 55025

Phone Number: 651-464-2082 License Number: L216

I hereby certify as a State of Minnesota certified SSTS Maintainer that I personally conducted the work and made the observations, or directly supervised others in the performance of this job.

Maintenance activities must be reported to the Department within 90 days.

Washington County Public Health & Environment
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Washington County